

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938-

Revised: September 1, 1999

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Arkansas

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1&2 of this attachment (see 3. above).

TN No. 92-15

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TN No. 95-18

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Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Other	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Medicaid					
Recipients	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Dual	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Eligible					
(QMB Plus)	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

- (1) The Medicaid agency will use the Medicare all-inclusive payment rate for cost reimbursement of FQHC encounter coinsurance. The Medicaid agency will cost settle for the coinsurance percentage of the FQHC Medicare encounter cost after the final encounter cost has been determined by the Medicare intermediary.
- (2) Effective for dates of service on or after September 1, 1999, the State will make copayments for Medicare/Medicaid recipients who are enrolled in a Medicare HMO. The service categories and maximum copayment amount are:

<u>Service</u>	<u>Maximum Copayment</u>
Emergency Room	\$25.00 (payable to facility)
Physician/Chiropractor/Podiatrist (excluding Psychiatry/Psychology - see below)	\$ 5.00 (payable to physician/ chiropractor/podiatrist)
Occupational, Physical and Speech Therapy	\$ 5.00 (payable to facility)
Psychiatrist/Psychologist	50% (payable to provider) - Medi-Pak HMO
	\$20.00 (payable to provider) - Medicare Complete HMO

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